

<b>Case Number:</b>	CM13-0043799		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	02/11/2007
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient has a reported date of injury on 2/11/2007. The mechanism of injury is described as a lifting injury at work. The patient has a diagnosis of Failed Back Syndrome, lumbar radiculopathy, lumbar sprain and depression. The patient is post Laminectomy of L4-5, L5-S1 in 1/2009. Of the medical records reviewed, the last report available until 9/24/13. The patient complains of low back pain along with left knee pain. The pain worsens with activity of daily living. No pain scale and ADL details were provided. Objective exam reveals tenderness to paraspinal muscles in lumbar region, decreased range of motion (ROM) in all planes with associated pain. Decreased muscle strength in both legs, left greater than right. Sciatic and Femoral Tension signs at 40 degrees on the right with pain and the left side to 20 degrees. There is decreased sensation in the lower lumbar spine and a depressed mood. The request for the procedure under review was noted in report from 7/24/13. Patient was reported to have received ESI (epidural steroid injection) on 8/2/13 but it is not known if it was UR approved. The report also mentions that epidurogram, myelogram, adhesiolysis and neuroplasty was done during the time of the ESI; none of these procedures was requested in the original review and is not part of this review. The results and response of this recent ESI and unreviewed procedures will not be considered for the original ESI request under review since prospective data does not retrospectively change the criteria needed to meet original UR evidence based criteria for recommendation. The patient has had prior ESIs in 10/12 and 12/12 with 50-60% improvement in pain but no length of improvement was documented. There is a reported ESI approved on 4/23/13. There is no report and no reply to original UR as to what response the patient had to this ESI procedure. A MRI of lumbar spine (12/4/12) reveals L4-5 and L5-S1 3mm disc bulge with laminectomy defect and annular tear at L4-5. Current medications include Nucynta, Phenergan, Norco, Gabapentin and Ambien. The patient has undergone physical therapy, chiropractic and

has had prior ESI in 10/12 and 12/12. A utilization review is for Lumbar Transforaminal Epidural Steroid Injection L4-5 and L5-S1. The prior UR on 9/20/13 recommended non-certification.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION L4-L5, L5-S1:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections(ESI)> Page(s): <46>.

**Decision rationale:** As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections (ESIs) may be useful in radicular pain and may be recommended if it meets criteria. The basic criteria are: 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. As documented by requesting physician, ESI to prevent surgery or more invasive procedure. Meets Criteria. 2) Unresponsive to conservative treatment. Meets criteria. 3) Documentation of improvement in objectively documented pain after prior ESI of at least 50% in pain lasting 6-8 weeks. Fails criteria. As is clearly stated in MTUS Chronic pain guidelines, the patient has to meet all criteria before ESI can be recommended. The treating physician has failed to document any objective response to prior ESI. There is no pain scale in the documentation, or objective ADL (activities of daily living) assessment. There is no actual documentation of objective response to prior ESI with no documentation of decrease in pain medication use or improvement in ADL. The request and documentation does not meet criteria and is not medically necessary.